

APR 20 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County..... Jasper Registration District No. 408
Township..... Marion Primary Registration District No. 5562
City..... (No. Carthage, Route 1) St. Ward)

File No. 12207

Registered No.

2. FULL NAME

Sarah Ellen Mayfield

(a) Residence, No. Route 1, Carthage St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Noah Mayfield

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 8 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hartville Missouri

13. NAME John Bishop

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Susan Willis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Ola Pace
(ADDRESS) Route 1, Carthage

18. PLACE OF REMOVAL

PLACE Mt. Grove, Mo. DATE March 29, 1937

19. UNDERTAKER Ulmer Funeral Home
(ADDRESS) Carthage, Missouri

20. FILED March 29, 1937 S. D. Clinton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 24, 1937, to Mar 28, 1937

I last saw her alive on Mar 27, 1937. Death is said

to have occurred on the date stated above, at 11:20 AM

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis
Uremic Coma

Date of onset

3/22/37

Other contributory causes of importance: none 131

Name of operation none Date of

What test confirmed diagnosis? lab Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury, 19.....
Where did injury occur? home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) George H. Wood, M. D.

(Address) Carthage Mo

WHILE FADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

